

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-019702

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED JUN 4 1962

## 1. PLACE OF DEATH

a. COUNTY

Newton

b. CITY (if outside corporate limits, give TOWNSHIP only)  
OR TOWN

Granby Rt #1

Length of stay in 1b

3 months

c. CITY  
OR TOWN

Ritchey

Inside Limits  
Yes ☒ No ☐c. FULL NAME OF (if NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

West Union Rest Home

Inside Limits  
Yes ☐ No ☒d. STREET  
ADDRESS

None

Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First Middle Last  
Walter L. Rice4. DATE  
OF DEATHMonth Day Year  
May 30, 1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☒  
Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

11-18-1900

## 9. AGE (last birthday)

61

## IF UNDER 1 YEAR

Months Days Hours Min.

## IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)

Retired

## 10b. KIND OF BUSINESS OR INDUSTRY

Laborer

## 11. BIRTHPLACE (City and state or country)

Joplin, Missouri

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

James Rice

## 13b. MOTHER'S MAIDEN NAME

UK

## 14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

## Address

Mrs. Lonnie Turner Rt #1 Elvins Mo

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Myocardial De Compensation

INTERVAL BETWEEN  
ONSET AND DEATH

2 WKS

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

Atherosclerotic Heart Disease

## DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY

Hour a.m. Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from 3-23-1962 to 5-30-62 and last saw him alive on 5-24-62

Death occurred at 7:50 PM on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

## (Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

## 23b. DATE

6-1-1962

## 23c. NAME OF CEMETERY OR CREMATORY

Granby Memorial

## 23d. LOCATION (City, town, or county)

Granby, Missouri

## 24. FUNERAL DIRECTOR

## ADDRESS

Shewmake Funeral Home Granby, Mo.

## 25. DATE RECD. BY LOCAL REG.

## REGISTRAR'S SIGNATURE

June 1, 1962 Jaydene Belka

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

10730

207302

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94200

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12 86-2

13 6-0

SEP 11 1962

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Floyd E. Shumaker  
Licensed Embalmer No. 4923  
P. O. Address Box 218 Granby, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.